



The Fast Fit® Guide to Brace Selection

Prefabricated Pediatric Orthoses



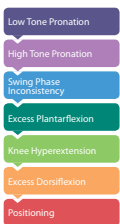
Is Fast Fit right for your patient?

Here are some common traits:

- ✓...young children (birth to 9)
- ✓...fully-correctable foot alignment
- ✓...in need of orthotic intervention

How to use this guide:

1 Find your Patient Group

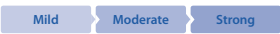


Patient presentations and brief descriptions appear vertically in the left column.

Find the patient group that best matches the child's presentation.

2 Match the Level of Involvement

Horizontally, each patient group has descriptive categories of involvement:



3 Choose a Brace Solution

Within each patient group are the recommended Fast Fit solutions. For more information regarding a specific brace, please visit www.cascadedafocom.com.



What about the braces in gray?

These are custom DAFO solutions, which can be found on the DAFO Guide to Brace Selection.



Low Tone Pronation

MILD

Visible medial arch. Mild heel eversion and forefoot abduction.
Can correct when prompted.
Can be manually corrected with no resistance.

MODERATE

Reduced medial arch. Moderate heel eversion and forefoot abduction.
Can improve when prompted.
Can be manually corrected with mild resistance.

STRONG

Absent medial arch. Strong heel eversion and forefoot abduction.
Cannot improve when prompted.
Can be manually corrected with moderate resistance.

HotDog®

3.00–12.25 in.

PattiBob®

3.00–12.25 in.

Cricket®

4.00–9.00 in.

Chipmunk®

4.00–12.25 in.

JumpStart® Leap Frog®

4.00–9.00 in.



High Tone
Pronation | Supination

MILD

HIGH TONE PRONATION
Visible medial arch. Mild heel eversion and forefoot abduction.
Can correct when prompted.
Can be manually corrected with mild resistance.

HIGH TONE SUPINATION
Mildly increased medial arch. Mild heel inversion and forefoot adduction.
Can correct when prompted.
Can be manually corrected with mild resistance.

MODERATE

HIGH TONE PRONATION
Reduced medial arch. Moderate heel eversion and forefoot abduction.
Can improve when prompted.
Can be manually corrected with moderate resistance.

HIGH TONE SUPINATION
Increased medial arch. Moderate heel inversion and forefoot adduction.
Can improve when prompted.
Can be manually corrected with moderate resistance.

STRONG

HIGH TONE PRONATION
Absent medial arch. Strong heel eversion and forefoot abduction.
Cannot correct when prompted.
Can be manually corrected with strong resistance or cannot be corrected.

HIGH TONE SUPINATION
Significantly increased medial arch. Strong heel inversion and forefoot adduction.
Cannot correct when prompted.
Can be manually corrected with strong resistance or cannot be corrected.

Chipmunk

4.00–12.25 in.
Pronation only

JumpStart Leap Frog

4.00–9.00 in.

JumpStart Bunny

4.00–9.00 in.
Wrap-around strap



Swing Phase
Inconsistency

MILD

Lands heel first. No obvious compensations of the knee and hip.
Occurs almost never (less than 80% of the time).
Can control when prompted.

MODERATE

Lands foot-flat, accompanied by pronation/supination. Some compensations of the knee and hip.
Occurs almost always (80% of the time).
Can improve when prompted.

STRONG

Lands forefoot-first, accompanied by pronation/supination. Marked compensations of the knee and hip.
Occurs constantly (100% of the time).
Cannot control when prompted.

JumpStart Bunny

4.00–9.00 in.
Wrap-around strap



Excess Plantarflexion
Toe Walking

MILD

Ankle plantarflexion: 0°.
Occurs occasionally (less than 50% of the time).
Can correct when prompted.
Can be manually corrected with mild resistance.

MODERATE

Ankle plantarflexion: 0–2°.
Occurs frequently (50% of the time).
Can improve when prompted.
Can be manually corrected with moderate resistance.

STRONG

Ankle plantarflexion: 2° or more.
Occurs constantly (100% of the time).
Cannot correct when prompted.
Can be manually corrected with strong resistance or cannot be corrected.

JumpStart Bunny

4.00–9.00 in.
Posterior strap



Knee Hyperextension

MILD

Gentle knee extension: 0–2°.
Occurs occasionally (less than 50% of the time).
Can correct when prompted.
Can be manually corrected with mild resistance.

MODERATE

Marked knee extension: 2–5°.
Occurs frequently (50% of the time).
Can improve when prompted.
Can be manually corrected with moderate resistance.

STRONG

Significant knee extension: 5° or more.
Occurs constantly (100% of the time).
Cannot correct when prompted.
Can be manually corrected with strong resistance.

JumpStart Bunny

4.00–9.00 in.
Posterior strap



Excess Dorsiflexion
Crouching

MILD

Gentle excess dorsiflexion and knee flexion: 5–10°.
Occurs occasionally (less than 50% of the time).
Can correct when prompted.
Can be manually corrected with mild resistance.

MODERATE

Marked excess dorsiflexion and knee flexion: 10–15°.
Occurs frequently (50% of the time).
Can improve when prompted.
Can be manually corrected with moderate resistance.

STRONG

Significant excess dorsiflexion and knee flexion: 15° or more.
Occurs constantly (100% of the time).
Cannot correct when prompted.
Can be manually corrected with strong resistance or cannot be corrected.

JumpStart Bunny

4.00–9.00 in.
Wrap-around strap



Positioning
Limited Ambulation

MILD

Accompanied by mild pronation/supination.
Frequent assisted ambulation.
Can be manually corrected with moderate resistance.

MODERATE

Accompanied by moderate pronation/supination.
Occasional assisted ambulation.
Can be manually improved.

STRONG

Accompanied by strong pronation/supination.
Assisted transfers only; or non-weight-bearing.
Cannot be manually corrected.

JumpStart Bunny

4.00–9.00 in.
Posterior strap



JumpStart Kangaroo

4.00–9.00 in.



Helping kids lead healthier, happier lives.



to brace selection

The Fast Fit® Guide

Prefabricated Orthoses



The Fast Fit® Advantage

Prefabricated Pediatric Orthoses



Who

can use Fast Fit?

What

is Fast Fit?

Why

should I use Fast Fit?

How

do I use Fast Fit?

Welcome to Fast Fit

The Fast Fit product line was designed especially for young children with fully-correctable foot alignment in need of flexible support for standing and walking.



Examples of typical Fast Fit candidates

A great solution for Early Intervention

Early Intervention is the first step in improving future mobility by creating a more appropriate pattern of movement.

Fast Fit orthoses provide a continuous progression of minimal to moderate levels of support. They work well in conjunction with physical therapy.

Two categories of orthoses

Shoe Inserts

Provide support and sensory input for low tone pronation.



JumpStart®

Full wrap-around support for pronation / supination control. Available in SMO and AFO trimlines, offering various levels of control.



Improved foot alignment & steadier gait

Fast Fit orthoses help create a balanced foot position during weight-bearing, increasing voluntary control of movement.

These prefabricated devices are affordable alternatives to custom bracing; above-ankle trimlines are covered by most insurance companies.



1 Determine bracing solution

With your clinical team, use our **Fast Fit Guide to Brace Selection** to determine the right amount of support for your patient.



Find the Fast Fit Guide on the back! →

2 Order

Practitioners

Use Order Forms



You'll find our order forms online that you can fax or email back to us:

cascadedafocom/orderforms

Parents

Talk with Your Practitioner



Along with ordering, they can also help with patient assessment, brace planning, fit evaluation, and adjustments.

Order Online



You can also visit our eStore to directly purchase Fast Fit shoe inserts, accessories, and socks.

cascadeshop.com

Want more information? Visit us online!

Check out our website for:

- ✓ sizing
- ✓ product details
- ✓ fit & wear
- ✓ videos
- ✓ sock & shoes
- ✓ education

cascadedafocom

You can also call our Customer Service team

800.848.7332

